

### Permission Slip

If there are any special needs, please call Pastor Boston's office, well in advance of the event, so that we can plan accordingly. Fill in all the blanks, sign it and bring or mail it to: **New Hope Baptist Church, 2900 N 500 East, Kendallville, IN 46755.**

Or for additional information, please call: **(260)636-2515 or Email office@nhbcchurch.com**

**Name of Event:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

I hereby authorize the participation of the above named child(ren) in the activities provided by New Hope Baptist Church. I hereby, release and hold harmless NHBC, it's officers, employees, and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on church premises or on the way to or from these activities. I agree to direct my child(ren) to cooperate and conform to direction and instructions of personnel of the organization in charge of these activities. I understand that if my child fails to abide by the stated rules, he/she may be sent home at my expense.

After a reasonable attempt to reach me, I hereby give my permission to the physician, nurse or dentist selected by NHBC to select medical or dental aid for illness or injury under physicians order including transportation to and from necessary facilities. As a participant, I understand that NHBC is not obligated to carry any insurance to cover those medical or dental expenses.

**Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Parents Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Alternate Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent or Legal Guardian (signature)** \_\_\_\_\_

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